U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is manda ony under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or divil outsities as provided by 29 U.S.C 439 or 440.

| F | or Official Was Only |
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| | Sal rolling 4 |
| Ε | Morris |

Name

1. File Number U - 10372

3. Name and address of person filing.

P.O. Box, Bidg., Room No., if any

N CAMble

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

UL/01/04 Through: 12/31/04

Name, file number, and address of labor organization.

Name Asbestos Workers AFL-CIO

Labor Organization File Number 000-090

P.O. Box, Building and Room Number, if any

| Street 9503 3544 A | UE SE | Street 9602 | Martin Luther King | Jr Hwy | |
|--|---|--|---|--------------|------------|
| city Everett | 1 | City Lanha | me | | |
| | cde+4 98208- | State Mary | land | ZIP Code + 4 | 20706-1839 |
| 5. Position in labor organization. | NATIONAL | Vice- | Preniet- | | |
| Enter appropriate data below if, during the past f sca. year, you or your spouse or minor child directly or line inactly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | | | | |
| A. Held an interest in, engaged in transactions monetary value from an employer whose em | (including loans) with, or optoyees your organization | derived income o | or other acomomic benefit of or is actively seeking to repre | sent. | |
| 6. Name and address of Employer (including trade name if any). | | 7.a. Nature of Interest, Transaction, or Income. | | | |
| Name | | | | | |
| Trade Name, if any: | | | | | |
| P.O. Box, Bidg., Room No., if any | | 7.b. Amount. | MINE | | |
| Street | | | | | |
| City | | | | | |
| State ZIP | 26de + 4 | | | | |
| | Sint | 1aturo | — | | |

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and gamplete. (See the section on penalties in the instructions.)

| Name of Persor Filing DOUY 10. SAUN 618- | File Number U- | | |
|---|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, celling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization. | wise dealing with the business rely seeking to represent, co irectly to, or otherwise | | |
| 8. Name and address of Business (including trade name, if any). Name ATRA- Trade Name, if any: Trust Administrator P.O. Box, Bidg., Room No., if any | 9. Business deals with: a. Labor Organization b. Trust | | |
| Street 1640 South Locp Rd. City ALANESA State CA ZIP Code + 4 94 602 | c. Employer | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name ATPA- Trade Name, if any: TOST FUND ADMIN- P.O. Box, Bldg., Room No., if any Street 1640 SOUH Loop Pd | 11.a. Nature of such dealing. GOLF Green Fees- 2-Meals- 11.b. Approximate dollar value of such dealing. | | |
| CHY ALANELA | 12.a. Nature of interest held or income received. | | |
| City DlamelA State CA ZIP Cod3+4 9460Z | | | |
| State CA ZIP Code + 4 9460Z | 12.a. Nature of interest held or income received. 12.b. Amount. | | |
| | 12.a. Nature of interest held or income received. 12.b. Amount. | | |
| State CA ZIP Code + 4 9 4 6 0 Z C. Received from any employer (other than an employer covered und | 12.a. Nature of interest held or income received. 12.b. Amount. | | |
| C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money | 12.a. Nature of interest held or income received. 12.b. Amount. er parts A and B above) or other thing of value. | | |
| C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 12.a. Nature of interest held or income received. 12.b. Amount. er parts A and B above) or other thing of value. | | |
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14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

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